

<p>_____,  <input type="checkbox"/> Petitioner,    _____,  <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner.</p>	<p><b>Case No:</b> _____</p> <p><b>Attachment: Parenting Time Schedule</b></p>
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### 1. Children Covered by this Schedule

☐ All our children

**OR**

☐ List: \_\_\_\_\_

**NOTE:** All of our minor children must be covered under a parenting time schedule.

### 2. Parenting time

The ☐ mother's ☐ father's parenting time will be as follows

**Choose all that apply:**

3. ☐ **Weekends.** The ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> weekend(s) of the month and the 5th weekend in ☐ odd ☐ even ☐ every month(s). Weekend parenting time begins (day of week) \_\_\_\_\_ at (time) \_\_\_\_\_ ☐ a.m. ☐ p.m. and ends (day of week) \_\_\_\_\_ at (time) \_\_\_\_\_ ☐ a.m. ☐ p.m.

*(The first weekend of the month is the first weekend with a Saturday)*

4. ☐ **Weekdays.** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  
from \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ ☐ a.m. ☐ p.m.

5. ☐ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- a. The other parent's parenting time will be for all time not listed above.

b. (Optional) Right of First Refusal. **Choose one if applies**

☐ If either parent is unable to care for the children for longer than \_\_\_\_\_ during their scheduled parenting time, that parent shall contact the other parent and offer the other parent the opportunity to provide care for the children before arranging for substitute care.

☐ If either parent is unable to care for the children during their scheduled parenting time, that parent shall arrange appropriate substitute care for the children.

**6. Transportation for Our Children.**

a. Our children will only be driven by a licensed and insured driver. The vehicle must have legal and age-appropriate restraint devices. **Choose one.**

☐ The parent whose parenting time is ☐ starting ☐ ending is responsible for transporting our children.

**OR**

☐ Mother and Father are each responsible for transporting our children to and from parenting time and will meet at \_\_\_\_\_ to exchange our children.

**OR**

☐ Other (specify) \_\_\_\_\_

*(Optional Provisions)*

b. ☐ Cost. **Choose One:**

☐ Transportation costs will be allocated along with transportation responsibility in 3.a. above.

**OR**

☐ Other: \_\_\_\_\_

c. ☐ Supervision. Exchanges must be supervised as follows: \_\_\_\_\_